

Exhibit 6(b): Project Description

- a. Using as much detail as possible, what impact will the provision of targeted homelessness prevention and rapid re-housing assistance have on the emergency shelters within the region? Specifically, include information on any anticipated reduction in number of beds, units, emergency shelters, shelter nights, length of stay, etc.**

Ashtabula County has one homeless shelter and one domestic violence shelter, both provide for a 30-day maximum stay. It is anticipated that the funding will reduce the length of stay in emergency shelters, reduce the number of persons having to go to a shelter for the first time, increase the number of persons who are able to leave a shelter and obtain stable housing, reduce the number of repeat incidences of visiting a shelter and overall reduce the number of persons who are homeless or in jeopardy of homelessness. By establishing 2-1-1 Ashtabula County as the primary contact point for homeless individuals, people can be prompted to explore and pursue other options to address their housing situation. In doing so the goal is to hopefully divert them from entering emergency shelter where possible, and guiding them to the appropriate assistance in the housing continuum.

Homelessness prevention/diversion programs have a significant impact in Lake County. The emergency financial assistance program helps keep individuals who are literally homeless or about to become homeless from entering the shelter system. The Lake County 2-1-1 has reported that 3,408 calls were received for emergency housing in 2011 - 796 calls received that were unmet need for emergency shelter due to Project Hope being at capacity on those particular nights. Project Hope for the Homeless' goal is to rapidly re-house households to permanent housing as quickly as possible upon intake and maintain households in scattered site so they can remain stable in housing. This alternative will reduce shelter units by about 400 units, thereby freeing them up for the persons currently being turned away or temporarily diverted until shelter becomes available. The unmet need of shelter in Lake County would be reduced by nearly half if there were 400 more shelter nights available per year. Lake County does not anticipate a reduction in the number of emergency shelter beds.

In Portage County, eligible households seeking emergency shelter have access to support and resources that can prevent shelter entry in two ways: by establishing new housing for households that are not able to retain their current housing or by re-housing households who have lost their housing and are literally homeless. As diversion support is strengthened, households can access service support prior to housing loss, and appropriate service coordination can be brought to bear to re-establish new housing using prevention funds to avert shelter entry. For households that have lost housing, rapid re-housing funds can avert or shorten shelter stays for those households who are able to demonstrate the capacity to achieve stability within a 3-6 month period. In response to the need to reduce shelter utilization, the Portage County Housing Team works collaboratively to identify appropriate placement for those seeking emergency shelter, and explores housing options aligned with their needs at the time the housing crisis is identified. Not all households served in this way become literally homeless, but in cases where this occurs, the goal to reduce shelter stays is pursued through expedited supportive housing placement or through utilizing re-housing funds to more quickly access permanent housing placement in the community. The Housing Specialist works closely with the local homeless shelters to coordinate enrollment of appropriate applicants in transitional housing. Applicants are seen within a week of referral with a goal of being housed within 14 days of enrollment, pending availability of space on the program. The focus of this effort is reducing shelter entry and length of stay by 25%. The current number of beds is not anticipated to decline at this point.

Trumbull County does not anticipate that the HCRP will be able to reduce the number of shelter beds in the community over the twelve months of the grant period. Although the local unemployment rate has decreased to about 9%, there are still many who have been unemployed for over 3 years and jobs in areas such as manufacturing, construction and retail are just not available. These conditions make housing continually precarious for a substantial portion of the community. At least 50% of those residing in Trumbull County's emergency shelter, Christy House, have an income of \$0, which makes rapid re-housing unsustainable. Subsidized housing, the best option for homeless persons with extremely low incomes have waiting lists from 3 months to 1 year in length, far longer than the maximum length of shelter stay. Trumbull County anticipates the following outcomes: 20% reduction in the time spent in emergency shelter for individuals and families that have a stable monthly income, because families able to be re-housed will move through the emergency shelter system faster; 10% reduction in the numbers of individuals and families on the waiting list for emergency shelter, because they will access the shelter sooner or bypass the shelter system altogether.

Geauga County does not currently have a homeless shelter and there is one domestic violence shelter. It is anticipated that the funding will reduce the length of stay in the domestic violence shelter by allowing persons served to obtain stable housing faster since low-income clients will be able to access rental assistance to immediately move into their new housing rather than remaining in emergency shelter while they attempt to obtain these funds. With the support of aftercare services, the number of repeat incidences of persons seeking shelter due

to domestic violence and becoming homeless once again will be reduced as they will have a person responsible for assisting them while they are in their new homes.

b. Describe how you coordinate with other community programs and resources related to Mental Health, Substance Abuse Services, Health & Welfare Services, Employment, and Income Improvement to serve clients.

Ashtabula Catholic Charities will work closely with the two shelters in the County; Samaritan House (homeless shelter) and HomeSafe (domestic violence shelter), providing on-site appointments as needed. The agency will also network with other organizations and churches working with the homeless population to provide education about the services available. In addition to the two shelters, Catholic Charities has established relationships with Ashtabula County Department of Job and Family Services, Salvation Army, Red Cross, Ashtabula County Community Action Agency, United Way of Ashtabula County and many churches and food pantries. A member of the agency sits on the Family and Children First Council, the local Emergency Food and Shelter Program Board, the Ashtabula Area Ministerial Association and many other councils and advisory capacities.

Additionally, Catholic Charities has been instrumental in the development and maintenance of a Second Chance Citizen Circle, assisting ex-offenders with re-entry issues. A caseworker also visits Lake Erie Correctional Institution, a local prison, to provide information to inmates scheduled for release within the next 90 days. Catholic Charities has a formal agreement with the Ashtabula County Mental Health and Recovery Services Board to provide housing services for those individuals and families who are in jeopardy of returning to an institution. Weekly, a caseworker visits the group sessions held by the Ashtabula County Department of Job and Family Services to provide outreach and education to Ohio Works First participants and to ODJFS unemployment recipients who have received over six months of benefits.

Ashtabula County Community Housing Development Organization, Inc. (ACCHDO) participates in the Ashtabula Housing Council- Continuum of Care. In this group, the New Hope Program staff network and coordinate with various service providers of all disciplines, but particularly those involved in housing programs, homeless prevention and assistance, or support services. The New Hope Program staff work closely with and maintain frequent and open communication with the area emergency shelters (Samaritan House and Homesafe), agencies that provide emergency assistance (Salvation Army, St. Vincent de Paul, Catholic Charities, etc.), mental health and substance abuse providers Community Counseling Center, Signature Health, Ashtabula County Mental Health & Recovery Services, Lake Area Recovery Center, etc.), family development (Family and Children First Council, Children's Services, etc.), financial literacy, and education and employment organizations (ABLE, A-Tech, Kent State, Job Source, local schools, etc.). The needs of the New Hope participant and the goals they develop will identify the appropriate referrals the New Hope staff will make to providers or resources to obtain guidance and assistance.

In addition, ACCAA, ACCHDO's New Hope Program parent organization, operates a Community Services Block Grant (CSBG) program with the goal of helping individuals to become self-sufficient through identifying barriers and setting goals to remove those barriers. This, along with other programs ACCAA operates, such as 2-1-1 Information and Referral, Emergency HEAP, WIC, Help Me Grow and Maternal, Infant and Early Childhood Home Visiting (MIECHV) Programs, Head Start and Early Head Start and Home Weatherization Assistance will work in conjunction with the New Hope participants as needed.

In Geauga County, WomenSafe actively participates in the Housing Coalition and the regional CoC to ensure that there is appropriate coordination with other funding sources and that there is not a duplication of services. One of the initiatives that the consortium is working towards is the identification of existing barriers to chronic homelessness and strategies to end homelessness in the community. In addition to participating in the Housing Coalition, WomenSafe is a partner agency of the United Way Services of Geauga County, and a partner agency of the Geauga County Board of Mental Health & Recovery Services. Included in these agencies are mental health treatment providers, substance abuse treatment providers, and various other health and welfare services, employment and income improvement service providers. All of the agencies that participate in these organizations have regular meetings and work in conjunction to meet the needs of homeless people in Geauga County.

WomenSafe works with the Geauga County Metropolitan Housing Authority by bringing clients in soon after they arrive at the shelter to sign up for Section 8 Housing Certificates and public housing. WomenSafe has collaborative meetings with the Geauga County Metropolitan Housing Authority (GMHA) to further coordinate services. WomenSafe also trains the staff of GMHA on its services and the needs of the clients who are served. In addition, GMHA trains WomenSafe's staff on its services.

WomenSafe is the only provider of services to victims of domestic violence within Geauga County. Thus, there are no other funding streams that assist this specific population with housing. Regular and active communication occurs between all Coalition members so that there is a streamline of services available to homeless individuals. Aftercare resident care worker assists clients in identifying and contacting any resources that are available to assist families in remaining in their homes. These particular services are outlined in the client's individual service plan and the collaborative agencies are identified. When these other services are identified, the aftercare resident care worker assists with the coordination of services, assuring that there is no overlap in service provision. Collaborations often occur with other agencies in the coordination of care and referral process. In addition, the aftercare resident care worker ensures that all available resources are utilized so that clients remain in their new homes.

Project Hope for the Homeless has many long-term partnerships with all major systems in Lake County. Some specific partners include: Action for Recovery (Christian 12-Step), Beacon Health & Signature Health (mental health agencies), Crossroads (children/adolescent behavioral health), Extended Housing (support and linkage for severely mentally disabled persons), Lake County Free Clinic (medical), Lake County General Health District (HIV/TB testing), Lake County Sheriff's Department (local law enforcement and pick up point for shelter), Lake-Geauga Recovery Centers (prevention and support for chemical dependency), Lakeland Men's Resource Center (employment readiness classes), Lakeland nursing interns (health and wellness workshops), Laketran (transportation between day and evening shelters), Lifeline's 2-1-1 (information and referral to shelter), Painesville Township Fire Department (emergency support and first-aid/CPR trainings), and Salvation Army (daytime drop in center).

Lifeline, Inc., as Lake County's Community Action Agency manages a number of programs designed to help its clients eliminate barriers to self-sufficiency. Lifeline's case managers complete a needs assessment for each homeless household and then will help them connect with both its own programs (descriptions included below) and with other providers within the community in hopes of eliminating all barriers. For example, if a family has children who are struggling in school, Lifeline case managers can connect them with tutors and/or with Crossroads if the problem seems more related to behavioral health issues. If employment or education is the problem, the case managers can provide links to ABLE, our local GED program and/or enroll the person in Lifeline's Employment/Training program. For those program participants experiencing mental health and/or addiction concerns, Lifeline works closely with Lake Geauga Recovery Centers, Beacon Health and Signature Health as appropriate. These are just a few examples of the wide variety of other agencies/programs that Lifeline partners with to provide services to its clients. Lifeline, Inc. has operated a Family Development Self-sufficiency Program for many years. It uses a case management approach based on a state model program used by many Community Action Agencies throughout Ohio. The goal of the program is to help participants achieve long-term self-sufficiency. Currently, many of Lake County's homeless are referred to the Family Development Self-sufficiency Program via the shelters and/or case managers. In recognition of the various multiple needs of Lake County residents, Lifeline's programs are divided into four distinct areas: Housing Services, Healthcare Services, Consumer Education/Job Training Programs and Information/Referral Services. Lifeline requires its staff members to be certified by the state as Family Development Specialists to run this program. This program won a John Glenn School of Public Affairs Best Practices in Ohio Award in 2007. For additional information see <http://www.oacaa.org/about-us/best-practices>. Lifeline's Family Development program has been highly successful, and was expanded in 2012 via the County's allocation of federal Home Investment Partnership Program funds to add a housing component based on the supportive housing 'transition in place' model.

In Portage County, diversion and pre-entry case management is implemented at both Family & Community Services and Coleman Professional Services. This includes identifying local resources that can support the household and prevent shelter entry or facilitate shelter stays if emergency shelter is necessary. There is programming that provides mental health and substance abuse services, which improves access for homeless clients and an employment service designed to facilitate employment options for hard-to-serve populations. All unemployed homeless households served by the agency are enrolled in this program at shelter entry. In addition, case management staff coordinates closely with the Department of Job and Family Services, Townhall II, and other local resources to support households to achieve stability.

In Trumbull County, Humility of Mary Housing, Emmanuel Community Care Center representatives attend the local and regional collaborative meetings and are aware of the funding provided through the prevention and rapid-re-housing programs. These agencies include the two mental health agencies: Coleman Professional Service and Valley Counseling, Trumbull County Jobs and Family Services and Trumbull County One Stop. In addition, clients who come to the Emmanuel Community Care Center or Catholic Charities for assistance are often referred to us from these agencies. If a client presents in need of any of the above services they are referred to the appropriate agency by the case manager. Benefit Bank Services are also available to the clients at the Emmanuel Community Care Center and Catholic Charities. Referrals are also made to One-Stop for employment assistance and a list of

local employment opportunities is updated weekly and made available to clients by the Trumbull County PATH worker.

Coleman Professional Services is the contract agency of the Trumbull County Mental Health and Recovery Board. Coleman case managers coordinate with substance abuse providers, assist participants with accessing benefits at the Department of Job and Family Services and Social Security. Coleman provides mental health services and vocational and employment training.

c. Describe how the program will ensure that persons served are below 30 percent of area median income (AMI) and are either homeless or at imminent risk of homelessness, as defined by U.S. Department of Housing and Urban Development.

The HPRP program targets literally and imminently homeless households. HPRP-eligible households meet the following criteria, and demonstrate lack of housing options and the resources necessary to resolve their housing crisis. To ensure income guidelines are met, applicants are required to verify household income for every adult living in the household and must demonstrate that their total household income falls below 30% of the Area Mean Income. Both lack of resources/housing options and proof of income will be verified at initial intake for prevention assistance and every 90 days after initial intake when receiving prevention or rapid re-housing assistance.

Rapid Re-Housing eligible applicants confirm homelessness through verification of shelter/transitional housing residency or hotel stays paid for by charitable organizations or government programs or written third party documentation from outreach programs, home-based caseworkers, or hot meal sites that verify the household is living in places unfit for human habitation. Prevention eligible applicants confirm imminent risk of homelessness through verification of court-ordered evictions, written third party documentation from outreach programs or home-based caseworkers that the household's current housing situation is untenable and will be lost within 14 days or landlord documentation that the household is an unauthorized tenant and must vacate their housing within 14 days. In addition, households receiving prevention assistance must demonstrate that no identifiable subsequent residence is available and that the resources or support networks to obtain permanent housing are lacking. Income documentation will be shown through submission of pay stubs, pension statements or social security income, documentation of disability benefits, alimony, public assistance and unemployment benefits, third party documentation of zero income or personal declarations of zero income.

d. Explain the method used to distribute funds throughout the region. If your region includes more than one county, specifically address how you will ensure access to funds in each county.

Region 5 allocated funds to each county based upon the same distribution as the Housing Stability Program funds.

In order to ensure service within Ashtabula County, Catholic Charities works with the Ashtabula County Department of Job and Family Services, Ashtabula County Community Action Agency, the Salvation Army, community mental health facilities, local churches and food distribution sites on a regular basis. Due to the large geographic size of the county, Catholic Charities also provides outreach to two other areas of the county by having a caseworker available at the Conneaut Human Resources Center and at St. Mary Church in Orwell. The county's information and referral line, 2-1-1, is also made aware of available funding. The New Hope Program will promote the availability of the program with appropriate referral organizations (emergency shelters, in-patient rehabilitation programs, correctional facilities, transitional housing programs, mental health care providers) throughout Ashtabula County. Information will also be distributed through outreach events, and at satellite service sites such as WIC Clinics and Head Start classrooms in various communities.

The Lake County Office of Planning and Community Development will manage the disbursement of funds to the Fair Housing Resource Center, Inc. and the Ecumenical Shelter Network dba Project Hope for the Homeless via the Region 5 Lead Agency, Coleman Professional Services of Portage County.

In Geauga County, WomenSafe is the only emergency shelter as there is currently no homeless shelter. In order to ensure access to funds, WomenSafe works closely with the Housing Coalition of Geauga County, Geauga County Job & Family Services, United Way Services of Geauga County (specifically in collaborating with the 2-1-1 information and referral line) and local community mental health agencies. WomenSafe is well known within the community by local churches and various civic groups as well.

Funds for both prevention and rapid re-housing services are available to households in Portage County, either through Coleman Professional Services or Family and Community Services. Regardless of point of contact, HMIS data is entered to track use of funds and households served. A number of households receive financial assistance and service support through HPRP funds until the housing crisis is resolved, but maintain support through

leveraged case management throughout the community. Such households are closed in HMIS at the point when HPRP services are no longer necessary. Due to cuts to the county's current program, the Portage County Department of Job & Family Services has diverted \$65,000 in Prevention, Retention, Contingency (PRC) funding to Family and Community Services' Housing and Emergency Support Services program. It is projected that 70% of PRC-eligible households will meet HPRP's target population and income guidelines. The budget section of this grant reflects this additional funding (as match). Projected outcomes also include the number of PRC-funded households that meet HPRP guidelines during the course of the grant period.

The service area for the Trumbull County HCRP is the entire county, including the City of Warren. Funds will be dispersed as follows: Approximately 60% of total funds (after administrative costs) will be utilized for the City of Warren and its environs; and approximately 40% of total funds (after administrative costs) will be utilized for the balance of the county, including Girard, Liberty, McDonald, and Mineral Ridge. This ratio will be used because it is consistent with both the percentage of total HPRP funds dedicated to each community in the original HPRP award; and the actual county-wide HPRP and HSP service statistics.

e. Elaborate on how the agency will monitor partner agencies (frequency, type of monitoring tool used, time agency will have to respond to issues, etc.)

As the lead agency for Region 5, Coleman Professional Services will monitor partner agencies on a biannual basis. If there are concerns about a partner agency's performance, they will be monitored on a quarterly basis. Coleman utilizes a tool that assesses program competency and fiscal competency. Coleman has developed forms for requesting draws on funds. These forms will allow for an efficient and effective method of monitoring visits. If a partner agency is required to make corrections, they will be given the information in writing and are expected to respond within 14 business days.

f. How will the applicant certify lead-based paint inspection and habitability standards are met?

Service providers will conduct housing inspections, utilizing either agency staff or contracted persons, focusing on the existence of cracked, chipped and/or peeling paint coupled with an assessment to ensure the unit meets HUD's Housing Quality Standards. All HCRP funded housing units will also be inspected for lead if they were constructed prior to 1978, and will house (or are currently housing) a family with a child under the age of six.

g. How will the applicant assure that rent reasonableness tests are conducted for each unit rented?

Service providers will utilize various methods to assure that rent reasonable tests are conducted. Methods include maintaining updated listings for comparable rents for similar units, following local Metropolitan Housing Authority guidelines, and using the Rentellect system, which analyzes the area market.

h. How will the applicant meet the requirement of the rental assistance agreement outlined in the Interim Emergency Solutions Grant?

Households eligible for prevention services must demonstrate that their income falls below 30% of the AMI to receive assistance. Households receiving rapid re-housing assistance must demonstrate that their income falls below 30% of the AMI at the 90-day income re-certification. If households are over 30% of the AMI, at that time, they are no longer deemed eligible for services. Households receiving homeless prevention or rapid re-housing assistance must report any changes in income to their case manager. At that time, an evaluation is made to determine the need/amount of financial support necessary to maintain housing stability.

The 90 Day Re-certification for Rapid Re-Housing includes determination that the household:

- Is at or below 30% AMI
- Is at risk of returning to homelessness
- Lacks the financial resources and support networks needed to obtain housing or remain in their housing

The 90 Re-certifications for Prevention includes determination that the household:

- Is below 30% AMI.
- Remains at-risk of homelessness
- Lacks the financial resources and support networks needed to remain in their housing

i. Applicants must adequately target Homeless Prevention funds to only those households facing imminent homelessness rather than simply alleviating a legitimate housing burden due to limited income. This question addresses the additional measures taken by the Region to better target these limited resources (such as the Region's intake/assessment to differentiate between those households that can most likely

remain in housing even without receiving assistance and those who have no other housing options). Research shows that most persons threatened with losing their housing do not experience homelessness. When providing homelessness prevention assistance, how will the Region ensure the household assisted would have become homeless without the intervention?

While it is a challenge to determine precisely which households face imminent homelessness, processes have been put in place throughout Region 5 to insure that the households assisted with homelessness prevention dollar would have been homeless without the intervention. Coordinated Assessment and screening occur at many stages of the process, utilizing a common tool used by all partners in Homeless Planning Region 5. When households call any agency for assistance the case manager uses a basic coordinated intake form to determine if the household meets the basic criteria such as income guidelines, type of eviction notice, months of rental arrearage and other housing options. In addition, a coordinated Barrier Assessment tool developed by Region 5 is also used as well as an additional tool that identifies additional risk factors. Once it is determined that the household meets the initial screen they are given an appointment for a face-to-face meeting for additional screening. Households are not promised assistance at this time but are told that they can come for an in depth interview to assess their needs. During the appointment more in depth assessment is completed including proof of income, review of expenses, and proof of eviction. A common Assistance Determination Form is completed which again reviews housing options, financial resources and availability of support networks. Once the in depth assessment is completed the case manager then determines in her best judgment that the household is at imminent risk of homelessness and moves forward with providing the least amount of assistance needed to maintain housing. This process mirrors the "homeless but for this assistance" process utilized by the HPRP model.

j. How will the applicant keep track of clients ineligible for the program and accompanying reason(s)?

All callers are assessed for eligibility; documentation for those who do not meet program guidelines are maintained alphabetically in a binder, with notes that describe the reasons for ineligibility. These notes also include referrals to other potential resources. Callers are encouraged to call back if their situation changes and the previous assessments can be easily accessed on site if repeat calls occur.

k. Describe the ongoing housing case management to be provided to prevent individuals and families threatened with homelessness from becoming homeless or to successfully transition homeless individuals and families to permanent housing and stability, including case management at intake, during program participation and follow-up.

In Ashtabula County, participants will be required to complete an intake/application and meet with the agency staff who will be conducting the initial assessment. Through the assessment process, necessary services and resources will be identified. An action plan will be developed. The caseworker may also conduct or schedule a Benefit Bank appointment for the participant. Participants will be expected to schedule and keep follow-up appointments with caseworkers. Barriers will be addressed at an early session and short-term and long-term goals will be established. The caseworker will link and refer participants to other organizations who are able to provide supportive services that will help the participant achieve his/her goals. The participant will report accomplishments and challenges at the follow-up sessions. The action plan may be updated accordingly. The participant will have the program requirements explained prior to the onset of services. A reminder system will be utilized to schedule follow-up sessions with recipients who are receiving medium-term assistance. Participants will be informed at the onset of services that in order to continue to receive services, follow-up sessions are mandatory. All attempts to contact and all follow-up sessions will be documented in the case record. Recertification documents will also be maintained in the case record. Participants who do not comply with the requirements will be terminated from the program.

The New Hope Program procedure is very similar to the process outlined above. Once the participant completes the intake/application process, the participant is required to meet regularly with the staff throughout the program. The staff person works together with the participant to assess their status in various life skill areas, based on the status, goals are developed by the participant to improve their level in a particular area(s). The staff works with them to overcome barriers, provide referrals, and record their progress. As above, the participant signs that they agree to the terms of participation and will comply with said requirements or risk being terminated from the program. After they complete and exit the subsidy portion of the program the staff follow-up with the participants monthly if necessary but at least at three and six months post subsidy to ensure that they have maintained permanent housing or to assist with any other needs to enable them to sustain their housing situation.

In Lake County, Fair Housing Resource Center (FHRC) will provide case management services to all clients whether they are approved or denied for the program. FHRC will make every attempt to negotiate with the current housing providers to prevent homelessness and if necessary, assist the client in transitioning from one location to another without an interruption in their housing. The case managers will assist the client through intake, program

participation and follow up with the clients to ensure their housing needs are being met. At Project Hope, each potential supportive housing or rapid re-housing applicant meets with the Aftercare Coordinator, the Intake Specialist and the Residential Specialist during his/her stay. Clients receive initial referrals and develop short-term goals. Goal plans are reviewed every 7 days with new goals being set until the guest graduates. If the graduate is eligible for the rental subsidies offered through HOME or HCRP, the Aftercare Coordinator meets with the applicant regarding the guidelines of the program. Program participation usually consists of monthly contact via calls and visits, care packages, 1-2 support groups (social and informational workshops), referrals and crisis intervention as needed. There are 3-month follow-up meetings to ensure or determine continued income eligibility. After the subsidy has ended, participants may remain in the general aftercare program for at least one year. Many participants choose to become involved as volunteers, trustees, staff members or in other leadership roles upon completion of this program. The Lifeline Supportive Housing program case managers will review the homeless household's intake documentation from the referring emergency shelter and conduct a thorough needs assessment to augment intake data with detailed information on each household members' educational background, work history, financial history, housing history (including evictions), substance use, medical/mental health history, etc. As an Ohio Benefits Bank approved site, Lifeline's case managers will identify any additional benefits for which the household may qualify and evaluate the current income/debt situation placing special emphasis on addressing those things such as utility arrearages that may stall a household's efforts to move to housing.

In Geauga County, clients participate in an initial assessment and based upon that information, an individual service plan is developed with both the clinician and the client. This plan outlines goals and therapeutic interventions that will take place to assist clients in maintaining stable housing. On this plan, all necessary resources are also identified. The aftercare worker then has regular phone and in-person contact with the client to assist in the accomplishment of these goals. These contacts work to capitalize on the clients strengths and also identify and work towards reducing any identified barriers that may place a client's housing at risk. This plan is regularly reviewed for progress and is adapted as needed if new issues should arise. Clients that receive services most often already have an established relationship with WomenSafe and are motivated to continue that relationship. All contacts and attempts to contact are documented in the individual client records as well as the provision of any services.

In Portage County, the case management provided to both prevent homelessness and to transition homeless households includes coordination of services and direct support, depending upon the type of services available through coordination efforts, varying levels of support will be provided, including in-home services. Case management support will include upkeep of the unit, budgeting, education regarding lease requirements and tenant landlord laws. In addition, the case manager ensures that the household has been connected with the mainstream services needed to support them in maintaining stable housing. The Housing Specialist completes a residential assessment at intake and assists with housing search and placement in housing and then completes in-home outreach monthly to continue to work on discharge plan, and monitor housing stability. In addition, most participants also have case management support 1-4x/month and are all referred to vocational programs. HPRP participants who are receiving case management through a collaborating service will continue to receive financial support and oversight of these services. Households exiting the shelter that are not receiving case management services can access support from the emergency shelter case manager for a period of 3 months. For households that receive prevention assistance, support through collaborating services or directly through the case manager will be provided as needed.

In Trumbull County, monthly case management services are provided to all households receiving financial assistance from HCRP funds during the duration of the assistance period. These services will be provided to assist persons in stabilizing their housing crisis and helping to ensure the long term success of the household. The appropriate level of intervention will be determined at the initial meeting, during the completion of the "Barrier Assessment and Follow-Up Tool", the results of which will guide the case management process. Focus will be on assisting families to reduce the barriers identified in the "Barrier Assessment and Follow-Up Tool;" access mainstream benefits and services for which they may be eligible but are not receiving (such as WIC and Healthy Start for the children); and providing immediate crisis intervention as needed. Coordination with other service providers will also be utilized by the staff member providing case management services when additional funding is needed to resolve the housing crisis or to advocate on behalf of a client in need of additional services. Families in need of more in-depth assistance with budgeting will be referred for one-on-one counseling services.

I. How long does it typically take between the approval of payment and check being completed when assisting clients?

On average, it takes 7-10 business days for the approval of payment and check being completed.

m. Given the recent shift to regionalization, what are the greatest challenges in implementing the centralized intake/coordinated assessment and how has your Region addressed (or is addressing) these issues or other specific aspects of the program?

Each county has a unique configuration of housing services and referral systems to meet community needs. Region 5 has addressed the implementation of a centralized intake and coordinated assessment by identifying and implementing key data elements vital to ensuring that conformity across the region is achieved. The challenges involving travel have been addressed through frequent conference calls and website access to facilitate communication amongst the members.

n. Describe in detail any program evaluation or implementation planning over the next 12 months.

The BOSCO Region 5 Executive Team reviewed each county's local resources and existing processes for screening, diversion and intake. This review identified numerous structural differences and resource gaps between our counties:

- Not all counties had a full complement of homeless resources – for example, one county does not have an emergency shelter for the homeless
- Not all agencies within the region had computerized systems supporting their efforts
- Some counties had most of their homeless resources located within one agency, while others had to coordinate between multiple agencies providing homeless services

To accommodate these differences, the team worked to develop flexible processes that could be used in similar ways across all five counties. For example, all counties agreed to use specific core questions when screening households requesting emergency shelter. Questions could be added to address a county's local need/structure, but the core questions remained the same throughout the region. This approach was then applied to diversion and intake processes. The Team developed forms to capture HMIS data at entry, exit and recertification steps. These forms serve as a template for each agency to use and can be automated as needed where local agencies have good computer systems or be completed manually in those agencies without computers.

Additionally, to increase process consistency across the region, we established a website (www.ohioboscocregion5.org) and made all regional policies, procedures and forms available to agencies across the region via this site. Local homeless service/housing providers can access this site to get answers to their process questions or to download the newest versions of our common forms.

o. One of the goals of the HEARTH Act is ensuring that individuals and families who become homeless return to permanent housing within 30 days. Note up to three change(s) and/or action(s) being undertaken by your Region to make this goal a reality in your service area (two page limit).

The BOSCO Region 5 Executive Team has organized sub-committees for each major homeless housing function: Prevention, Emergency Shelter, Rapid Re-Housing, Transitional Housing and Permanent Supportive Housing. The purpose of these sub-committees is to:

- Examine current HMIS performance data to identify particularly good outcomes and/or outcomes not meeting basic standards
- Help local agencies improve their understanding of HMIS and its performance metrics
- Discuss ways to improve our implementation of HUD recognized best practices
- Share information and offer ongoing peer support/coaching for those agencies working to make changes and improvements in their processes

Each sub-committee will participate in regular meetings and/or conference calls facilitated by a Region 5 Executive Team member, with the meeting outcomes, helpful hints, etc. published on our region's website at www.OhioBOSCOCRegion5.org as a way of sharing expertise throughout the region. On October 3, 2013, agencies from across the region will participate in these sub-committees in preparation for receipt of HCRP funds, etc. in January, 2014.